

<b>Case Number:</b>	CM15-0102276		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old male, who sustained an industrial injury on 6/3/09. The injured worker was diagnosed as having chronic lumbar pain. Treatment to date has included oral medications including opioids and activity restrictions. Currently, the injured worker complains of continued low back pain with radiation to both legs. He notes the pain increases with activity. Physical exam noted tenderness on palpation of low back for L4-S1 with restricted range of motion of lumbar spine. The treatment plan included continuation of oral medications Norco and Flexeril and topical Butrans patches.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325 1 q4-6h #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325 1 q4-6h #100, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain with radiation to both legs. He notes the pain increases with activity. Physical exam noted tenderness on palpation of low back for L4-S1 with restricted range of motion of lumbar spine. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 1 q4-6h #100 is not medically necessary.

**Flexeril 10mg 1 q6h #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): 63-66.

**Decision rationale:** The requested Flexeril 10mg 1 q6h #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued low back pain with radiation to both legs. He notes the pain increases with activity. Physical exam noted tenderness on palpation of low back for L4-S1 with restricted range of motion of lumbar spine. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg 1 q6h #60 is not medically necessary.

**Butrans 20mcg 1 q 7 days #4 refill 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 27-28, Buprenorphine Page(s): 27-28.

**Decision rationale:** The requested Butrans 20mcg 1 q 7 days #4 refill 2, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has continued low back pain with radiation to both legs. He notes the pain

increases with activity. Physical exam noted tenderness on palpation of low back for L4- S1 with restricted range of motion of lumbar spine. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans 20mcg 1 q 7 days #4 refill 2 is not medically necessary.